

53.303-254—53.303-347

48 CFR Ch. 1 (10-1-14 Edition)

numerically by agency. The numbering system is as indicated in 53.301.

53.303-254—53.303-347 Illustration of agency forms.

EDITORIAL NOTE: The forms appearing in sections 53.303-DD-254 through 53.303-WH-347 follow the text of this subpart.

53.301-18 SF 18 (Rev. 6/95), Request for Quotations.

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES	
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.		4. CERT. FOR NAT. DEF. UNDER ROSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY		5b. FOR INFORMATION CALL (NO COLLECT CALLS)		6. DELIVER BY (Date)	
NAME		TELEPHONE NUMBER		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
AREA CODE		NUMBER		8. DESTINATION	
8. TO		a. NAME OF CONSIGNEE		b. STREET ADDRESS	
a. NAME		b. COMPANY		c. CITY	
c. STREET ADDRESS		d. STATE		e. ZIP CODE	
f. CITY		g. STATE		h. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE, BY BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)					
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to the Request for Quotations must be completed by the quote.					
11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(a)	(b)	(c)	(d)	(e)	(f)
12. DISCOUNT FOR PROMPT PAYMENT		a. TO CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%) c. 30 CALENDAR DAYS (%)	
				d. CALENDAR DAYS NUMBER PERCENTAGE	
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER		16. SIGNER			
b. STREET ADDRESS		a. NAME (Type or print)		b. TELEPHONE	
c. COUNTY				AREA CODE	
d. CITY		c. TITLE (Type or print)		NUMBER	
e. STATE		f. ZIP CODE			
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STANDARD FORM 18 (Rev. 6-95) Prescribed by GSA - FAR (48 CFR) 53.215-1(a)					

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